

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913459

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		2		2		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9	1		1			
10		2		2		
11		1		1		
12		1		1		
13				1		
14				1		
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	10		12			
TOTAL CLAIMS	14		16			

  

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS